



TOWN OF ARLINGTON
TREASURER-COLLECTOR

Please Note:
One Property Address
Per Form

WATER & SEWER BILLING
MAILING ADDRESS CHANGE FORM

Date: _____

This change is to be made for:

☐ **Water & Sewer Billing** **Water & Sewer Account #** _____

☐ Check here if Property Address and Mailing Address are the same

Property Address: _____ Zip _____ Condo Unit #: _____

☐ Check here if Property Address and Mailing Address are different

New Mailing Address: _____

City/Town: _____ State: _____ Zip Code: _____

Provide information for Change of Ownership, Billing or Mailing Bill to Tenant(s), if applicable:

For Condominium shared water meter - Name of Trustee: _____

Mailing Address: _____

Prior Owner: _____

New Owner: _____

Date of Sale: _____

Tenant (s) Name (if applicable): _____

Requested by: _____

Telephone: _____ Email: _____

Signature (owner or authorized agent): _____

This form is not acceptable without a signature, and the signature must be from an owner or an authorized agent. If you have any questions, please contact the Treasurer's Office at (781) 316-3030.

Please return completed form to: Office of the Treasurer-Collector
Town of Arlington
730 Massachusetts Avenue
Arlington, MA 02476

Also faxed: (781) 316-3039 or emailed: Treasurer@town.arlington.ma.us Be sure it is signed.

FOR TREASURER-COLLECTOR USE ONLY

Parcel ID: _____

RE#: _____

Processed by: _____

Date: _____